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000959 7590 05/11/2004

LAHIVE & COCKFIELD, LLP.
28 STATE STREET
BOSTON, MA 02109

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/991,099	11/21/2001	Jeffrey W. Pollard	AHN-010	2879

TITLE OF INVENTION: METHODS FOR IDENTIFYING CONTRACEPTIVE COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAMBERTSON, DAVID A	1636	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Lahive & Cockfield LLP
2 Amy E. Mandragouras
3 Lisa M. DiRocco

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wyeth

Madison, NJ

Albert Einstein College of Medicine of Yeshiva University

Bronx, NY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature) Lisa M. DiRocco (Date) 7/27/04
Lisa M. DiRocco, Reg. No. 51,619

07/29/2004 DEHMANU2 00000027 120080 09991099

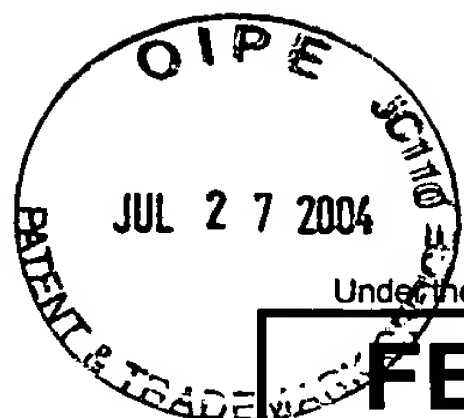
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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	09/991099-Conf. #2879
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 21, 2001
		First Named Inventor	Jeffery W. POLLARD
		Examiner Name	David A. Lambertson
		Art Unit	1636
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	AHN-010
1,360.00			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
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Deposit Account Number		Fee Code	Fee (\$)
12-0080		1051	130
Deposit Account Name		2051	65
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The Director is authorized to: (check all that apply)		2052	25
<input checked="" type="checkbox"/> Charge fee(s) indicated below		1053	130
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1805	1,840*
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		1802	900
		Other fee (specify) Additional Copies of Printed patent 30.00	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		1360.00	
1. BASIC FILING FEE		SUBTOTAL (2) (\$)	
Large Entity Small Entity		0.00	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 25 -28** =		Extra Claims Fee from below Fee Paid	
Independent Claims 4 -10** =		0.00	
Multiple Dependent		0.00	
Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Lisa M. DiRocco	Registration No. (Attorney/Agent)	51,619
Signature		Telephone	(617) 227-7400
		Date	July 27, 2004

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Dated: July 27, 2004

Signature: (Lisa M. DiRocco)